AGN. NO.

MOTION BY SUPERVISOR HILDA L. SOLIS DECEMBER 17, 2019

Developing a Maternal Mental Health Pilot Program in El Monte

In 2018, the California State Assembly passed the Maternal Mental Health Screening and Support Bill (AB 2193), which took effect on July 1st, 2019. This bill requires that all prenatal care providers screen for perinatal depression. In addition, the American College of Obstetrics and Gynecology (ACOG) released guidelines for an extended period of postpartum care, called "the Fourth Trimester," largely to address common and debilitating maternal mental health disorders (MMHDs) after delivery. Under the new ACOG guidelines, obstetricians are required to screen, counsel, and refer perinatal women with detected MMHDs to appropriate mental health care.

Both the State mandate and the ACOG guidelines align closely with the experience of Los Angeles County's Department of Public Health (DPH) around improving birth outcomes for all LA County women and addressing inequality in birth outcomes for Black women. DPH Perinatal and Infant Health programs have identified improved access to prenatal and postpartum mental health care as a critical component of a system of care for women exposed to socially mediated stress, including stress

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associated with social marginalization due to race, ethnicity, language, immigration status or other attributes.

Nationally, MMHDs affect at least one in seven new mothers, but the rates in Los Angeles County are even higher. In 2016, DPH's Los Angeles Mommy & Baby (LAMB) survey indicated that 25.2% or approximately 30,000 women reported experiencing symptoms of depression after pregnancy. MMHDs negatively impact a mother's health by leading to inadequate utilization of prenatal care, poor self-care, increased difficulty and adhering to medical regimens for high-risk conditions. MMHDs also increase the likelihood of developing a severe postpartum mental illness. Untreated MMHDs can affect an infant in a myriad of negative ways, including increased risk of preterm delivery, decreased duration and frequency of breastfeeding, impaired attachment with mother, and adverse impacts on cognitive development.

A report released last month by the California Department of Public Health identified suicide and overdose as the second leading causes of death for mothers in the year after having a baby. According to DPH's 2016 (LAMB) data, MMHDs are the most common complication of pregnancy and childbirth, affecting up to 26.8% of pregnant women and 24.5% of postpartum women in the First Supervisorial District.

Among pregnant women, there are particular subgroups at elevated risk of depression and other mental health conditions. Some are defined by biological or obstetric factors, but social factors are also strongly associated with anxiety and depression before and after delivery. Research indicates that women who are abused during pregnancy, conservatively estimated by the National Institutes of Health to number 324,000 in the United States, are more likely to attempt suicide and to be

diagnosed with depression or psychosis. Economic stress associated with poverty and job loss are also correlates of maternal mental health need. These and other social stressors ~~that are~~ linked to maternal depression explain elevated levels of mental health need among Black and Latina women. Supportive, culturally-competent services are vital to address needs in these subgroups of women, many of whom currently go untreated.

Despite policy efforts, implementing effective maternal health care “on the ground” remains challenging. A cultural perception that mental illness is “weak” or “selfish” often prevents new mothers from seeking help, and their symptoms may be minimized by family, friends, and even providers. Fear of losing custody of their children may also constrain low income women, single mothers and women of color from coming forward for services. More generally, stigma is one of the largest barriers to receiving care. Often, maternal mental health symptoms are not recognized by the pregnant or postpartum woman herself, as she attributes her distress to the normal experiences of having a baby. Providers themselves often have little training in maternal mental health, making access to high-quality help difficult for many women.

Several County initiatives offer conceptual insight and practical settings for an enhanced response to maternal mental health needs. DPH Perinatal and Infant Health programs have highlighted the critical role of supportive, women-centered care throughout pregnancy and beyond as both a means of prevention and of early intervention for women with mild mental health needs. The County’s initiative to train and deploy doulas to work with Black mothers through pregnancy and beyond and to promote group prenatal care are two examples of opportunities to integrate mental

health awareness and support into perinatal programming. The Health Neighborhoods program, launched by the Los Angeles County Department of Mental Health (DMH) in 2015, is based on the fact that differences among communities in demographics, racial and ethnic composition, resources, and geography, require differing approaches to mental health concerns. In each Health Neighborhood, community and faith-based organizations, schools, government agencies, and other entities come together to make change “from the ground up.”

An approach that links DPH Perinatal and Infant Health programs and Health Neighborhoods would optimally address LA County’s need for enhanced mental health services for pregnant and postpartum women. These two initiatives share commitment to community-based, culturally competent care: DPH brings unique expertise around the impact of social stress and discrimination during pregnancy on mental health and on birth outcomes, while Health Neighborhoods bring unique expertise around community-based mental health care. Activities these two programs could undertake jointly include: public awareness campaigns, focusing on mental health as a common, treatable condition and as one that may reflect social conditions rather than individual weakness, outreach events, peer support and support groups for pregnant and parenting women and families, MMHDs trainings for clinicians and the public, and improved referral pathways between mental health, medical, and substance use services.

The Comprehensive Perinatal Services Program (CPSP), administered by DPH, offers a specific opportunity to enhance capacity of perinatal providers to screen, identify and refer women in need of mental health services that go beyond community-based support. Potentially, an advisory board drawing on community expertise around

these two initiatives could provide leadership for the initiative. Raising awareness, establishing peer support, and providing community education can help to reduce the stigma associated with maternal mental health. The San Gabriel Valley offers an appropriate locale for testing the comprehensive, integrative care needed to effectively address maternal mental health needs, improving outcomes for women, their children, their families and their communities.

I, THEREFORE, MOVE that the Board of Supervisors direct the Department of Mental Health to:

1. Develop a joint DMH-DPH Maternal Mental Health Initiative (MMHI) in El Monte, in consultation with other relevant County departments to focus on linguistically-appropriate and culturally-sensitive public awareness, outreach, and engagement to pregnant and postpartum women and their supports, using promotoras and community health workers as appropriate, and to link CPSP providers and Health Neighborhood partners providing relevant services, including medical, mental health, intimate partner violence, and substance use services, and increase their capacity to promote the health of perinatal women;
2. Instruct the El Monte team to work with the all relevant County departments when developing the outreach and engagement plan; and
3. Report back to the Board with progress and recommendations in 90 days.

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